

Feb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

LEON COUNTY HEALTH DEPARTMENT

APPLICATION PACKET

FOR AN

**ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM**

EXISTING SYSTEM APPROVAL

Jeb Bush
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**ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM PERMIT
AGENT AUTHORIZATION FORM**

(COMPLETE AND ATTACH TO PERMIT APPLICATION)

TO: Leon County Health Department
Environmental Health/Onsite Sewage Program

FROM:

Name _____
(PRINT)

Address _____

City _____ State _____ Zip Code _____

Telephones# _____

I, _____, legal property owner

of the land or parcel(s) located at: _____

Parcel # _____

Hereby authorize _____ as my agent/representative to act on my behalf in all aspects of the application process in order to obtain an Onsite Sewage Treatment Disposal System Permit from the Department Of Health, Leon County Health Department, Onsite Sewage Program. My agent or representative is delegated my authority to submit all documents, exhibits and fees necessary to obtain the permit in my name. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements on my Onsite Sewage Treatment Disposal System permit.

SIGNED _____

DATE _____

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Governor



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Secretary

**ONSITE SEWGE TREATMENT AND DIPOSAL SYSTEM
EXISTING SYSTEM APPROVAL**

DATE: _____

APPLICANT: _____

PROPERTY STREET ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY I.D.#: _____

**WHAT TYPE OF WASTE IS THE EXISTING ON SIE SEWAGE TREATMENT AND
DISPOSAL SYSTEM (OSTDS) LOCATED ON THE ABOVE REFERENCED
PROPERTY RECEIVING?**

_____ RESIDENTIAL
_____ COMMERCIAL

EXISTING MOBILE HOME OR SINGLE FAMILY RESIDENCE INFORMATION

- A. THE EXISTING STRUCTURE HAS _____ SQUARE FEET OF LIVING AREA.
- B. THE EXISTING STRUCTURE HAS _____ BEDROOMS.

REPLACEMENT MOBILE HOME OR SINGLE FAMILY RESIDENCE INFORMATION

- A. THE REPLACEMENT STRUCTURE WILL HAVE _____ SQUARE FEET OF LIVING AREA
- B. THE REPLACEMENT STRUCTURE WILL HAVE _____ BEDROOMS

SIGNATURE OF APPLICANT/PROPERTY OWNER

SIGNATURE OF LEON COUNTY HEALTH DEPARTMENT EMPLOYEE TITLE _____



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR:
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

===== TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (M) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. =====

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64B-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: _____

APPLICANT:
AGENT:
TELEPHONE:
MAILING ADDRESS:

Property owner's full name,
Property owner's legally authorized representative,
Telephone number for applicant or agent,
P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK,
SUBDIVISION:

Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION:

Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#:

27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING:

Specify zoning and whether or not property is in U/M zoning or equivalent usage.

PROPERTY SIZE:

Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY:

Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY:

Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS:

Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS:

Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION:
TYPE ESTABLISHMENT:

Check residential or commercial.
List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS:

Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA:

Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY:

For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES:

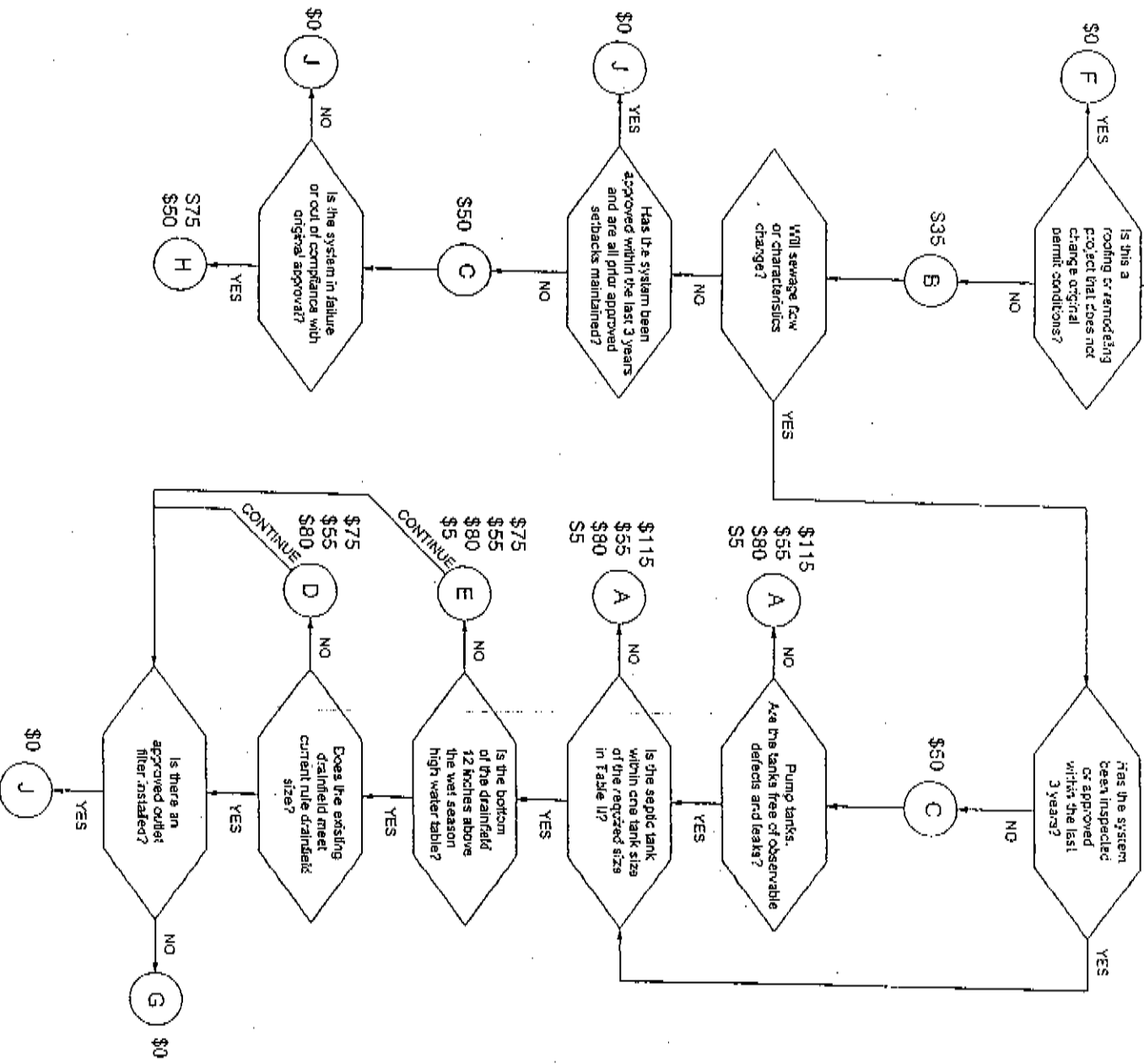
Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE:

Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

EXISTING RESIDENTIAL SYSTEM APPROVAL DECISION TREE



A-Bring system into full compliance with current rule – new permit fees. [64E-6.030(1)(d), g, h & research fee]

B-Application fee, site plan and floor plan required. [64E-6.030(1)(b)]

C-Existing system inspection fee. [64E-6.030(1)(g)]

D-Increase drainfield to current rule requirements; maintain current separation (12" min) – modification fees. [64E-6.030(1)(e, g & h)]

E-Bring drainfield into full compliance with new system drainfield standards – new permit fees. [64E-6.030(1)(e, g, h & research fee)]

F-No action required – no fee.

G-Require outlet filter installation and certification – no additional fee.

H-Repair permit and fees [64E-6.030(1)(e and i)] or enforcement.

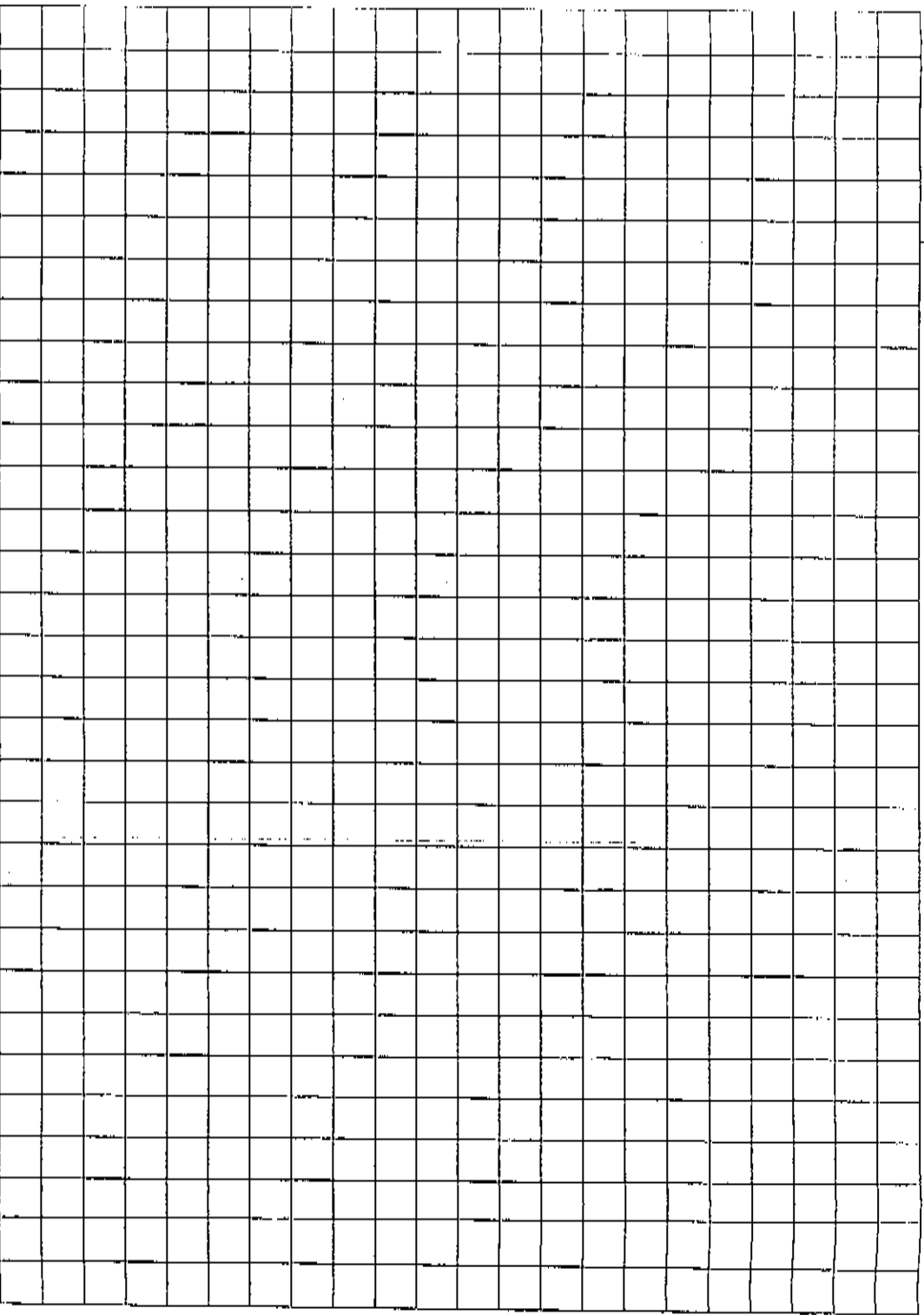
J-Issue approval – no additional fee.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

WATERLINES:	Y	N	OBSTRUCTED AREAS:	Y	N
EASEMENTS:	Y	N	OFF SITE FEATURES:	Y	N
SLOPES:	Y	N	DRAINAGE FEATURES:	Y	N
WELLS ON LOT:	Y	N	FILLED AREAS:	Y	N
PUBLIC WELLS:	Y	N	SURFACE WATER:	Y	N

Site plan submitted by: _____

Date _____ Signature _____ Title _____

Plan approved _____ Not approved _____ Date _____

By _____

LEON COUNTY HEALTH DEPT./ENVIRONMENTAL HEALTH
 ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPT.



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
 EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____

ID#: _____

=====

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

=====

EXISTING TANK INFORMATION

[]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y / N]
[]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y / N]
[]	GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	
[]	GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: []

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON _____ / _____ / _____, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [] SOLIDS DEFLECTION DEVICE / [] OUTLET FILTER DEVICE [] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR _____ BUSINESS NAME _____ DATE _____

EXISTING DRAINFIELD INFORMATION

[]	SQUARE FEET PRIMARY DRAINFIELD SYSTEM	NO. OF TRENCHES []	DIMENSIONS: _____ X _____
[]	SQUARE FEET _____ SYSTEM	NO. OF TRENCHES []	DIMENSIONS: _____ X _____

TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____

CONFIGURATION: [] TRENCH [] BED [] _____

DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] Dosed SYSTEM

ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[]	SYSTEM INSTALLATION DATE _____	TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
[]	GPD ESTIMATED SEWAGE FLOW BASED ON _____	[] METERED WATER [] TABLE 1, 64E-6, FAC

SIDE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING

CONDITIONS: [] SLOPING PROPERTY [] _____

NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE

FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____

FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD

SYMPTOM: [] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____

TITLE/LICENSE _____

DATE: _____